

Expanded Federal Parent Locator Service

# **Federal Case Registry**

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## **PART 1.0**

### **SSA Death Information**

## 1.1 Overview

This material is covered under OCSE Reference Number 222. OCSE has obtained the SSA Death Master File for use in FCR processing. The SSA Death Master File provides the SSN, Name, Date of Death, Zip Code of Last Residence, and the Zip Code of Lump Sum Payment for person's reported to SSA as deceased. The file includes information only for verified SSN and Name combinations. OCSE will receive updates to the SSA Death Master File on a monthly basis. The updates will include newly reported dates of death, changes to previously reported dates, and deletions of erroneously reported dates of death. The FCR will match verified FCR case participants against the SSA Death Master File to notify the States that registered the person of the available death information. The FCR will also effect corrections for verified persons as contained in the monthly SSA Death Master File updates and notify the respective States. This matching process is performed for all Participant Types with a verified SSN in both IV-D cases and Non IV-D cases, regardless of the presence of an FV Indicator.

[REDACTED]

than the FCR primary SSN, the record will not match. Therefore, the death record in that case will not be reported.

## 1.2 Initialization

The FCR Date of Death Master File will be built from the SSA Death Master File. Each record will contain a verified SSN/Name combination, the associated date of death, and the zip code of the last residence and of the lump sum payment. Immediately following initialization, the verified FCR Person Records for all participant types will be matched against the SSA Death Master File. If a match is made, the FCR Person Record will be updated with Date of Death.

[REDACTED]

Under this condition, the FCR Query/Proactive Match Response Record will be formatted and sent to the State containing a Date of Death Day field equal to '01'.

There are a few SSA Death Master records that include Dates of Birth that are the same as the Dates of Death. After discussion with the States it was decided that the FCR should return the Date of Death information as reported on the Death Master File.

## 1.3 Implementation

In an effort to minimize the negative effect on State systems that may result due to the high

volume of SSA Death Master File Records, the initial implementation will take place over a ten-day period. The Death Information transactions will be created and separated into 10 portions. Each portion will be populated based upon the last two digits of the deceased person's SSN. Day one processing will contain all deceased persons with the last two digits of their SSN ending with 00 through 09. Day two will contain SSNs ending with 10 through 19. This pattern will continue through to the last file, which will contain SSNs ending with 90 through 99.

Starting with day one and ending with day ten, verified FCR Person Records for all Participant Types will be matched to these initial Death Information Transaction Files. If a match is made, an FCR Query/Proactive Match Response Record (Record ID of 'FT') will be generated. See Appendix A.2, "FCR Query/Proactive Match Response Record", for the revised record layout. Please note that in order to identify the reason for the proactive match, an additional value of 'D' (Death) has been added for the Action Type Code in position 5 of this record.

The record has also been modified to include additional death related information in an area that was previously defined as Filler (positions 755-799).

## 1.4 FCR Routine Processing

On a daily basis, the FCR will match an accepted FCR Input Person/Locate Request Record (Record Type 'FP') that contains a verified Primary SSN/Name combination for all participant types, regardless of the presence of an FV Indicator, and one of the following Action Type Codes against the SSA Death Master File:

- 'A' – Add the person to the FCR
- 'C' – Change information for a person on the FCR
- 'L' – Locate request

If a match is made, the death information will be returned on the FCR Person/Locate Request Acknowledgement/Error Record (Record Type 'FS'). The Date of Death Day field will contain the default of '01' if the SSA Death Master File contained '00' in the Date of Death Day field. Appendix A-1, "FCR Person/Locate Request Acknowledgement/Error Record", describes the information that will be provided on the record. Please note that this record has been modified to include additional death related information in an area previously defined as Filler (positions 804-837).

On a monthly basis, the FCR will receive the SSA Death Master File Update File. The update file will be matched against the verified persons on the FCR for all participant types. If a match is made, an FCR Query/Proactive Match Response Record will be sent to the State to provide the new, corrected or deleted death information. The new SSA Date of Death Indicator in position 755 will indicate if the death information is flagged as an add, change or delete to the State system Death information. Please note that this FCR Query/Proactive Match Response Record results from the Monthly Death Update process and will only include

information for the matched person. Associated person information will not be provided. [REDACTED]

[REDACTED]  
the State in the response record. If FINALIST does not verify the zip codes, the zip codes are not returned to the States.

Monthly updates from the SSA Death Master File that include '00' in the Date of Death Day field are handled in the same manner as they are handled during the initialization process.

[REDACTED]  
than the FCR primary SSN, the record will not match. Therefore, the death record in that case will not be reported.

## 1.5 Impact on States

The SSA Death Master File processing enhancement is being implemented at the request of the States. This enhancement may provide valuable Death information about the participants in child support cases, which may change the disposition of a case. While States and OCSE concur that the death information is essential, States may not be immediately prepared to implement the necessary State system modifications. That being the case, it is important to note that there were no critical changes to the FCR-to-SCR interface formats as a result of this enhancement. Therefore, a State may elect to postpone implementation of changes for the death information. In making the decision to delay implementation of the State system changes, the States should consider the following issues:

1. While the new fields being returned for the SSA Death Master File processing were added to filler area (position 755-799) in the FCR Query/Proactive Match Response Record, a new value of 'D' (Death) has been added to Action Type Code (position 5 of the record). If a State's system currently edits this field for specific values, the new value may require an immediate programming change.
2. The FCR monthly processing of the SSA Death Master File updates will generate change or delete transactions for a previously reported date of death. If the State delays the implementation of processing the death information and does not store the information, when the State does begin processing death change or delete transactions, the State may receive death information that cannot be matched to any current "death" information on the State system.

## 1.6 Reconciliation Process

Upon request by a State for database reconciliation, the FCR Person and Case Tables are accessed for all entries that are related to that State. For all matched persons, all of the

requested attributes are extracted to create the FCR Person Reconciliation File, which contains one record per person.

Upon implementation of the Death Master File, the Reconciliation process will contain death information. Every deceased case participant will have the date of death, person's related Zip Code of the last Residence and Zip Code where the last lump sum payment was sent included on the Reconciliation Record. The filler area at the end of record will be used to accommodate these three new fields (record positions 458 to 475). See Appendix A.3, "FCR Reconciliation Record", for the revised record layout. Please note, that the reconciliation process does not make a distinction for cases of family violence because it is expected that the requesting States already have their own identical family violence cases on their SCR.

## **PART 2.0**

### **Proactive Match for Cases Closed and/or Person Deleted**



## 2.1 Summary of Changes

The FCR-to-FCR Proactive Match Process is being modified to provide additional functionality. When a person is deleted from a IV-D or Non IV-D case, or a IV-D Non IV-D case is closed; States that have also registered the person(s) in a IV-D case on the FCR will be notified proactively of the deletion. An FCR Query/Proactive Match Response record (Record ID of 'FT') will be sent to the other States with an indicator that specifies the reason for the proactive match. A new field, Person Delete Indicator, will be added to the FCR Query/Proactive Match Response record. The valid values will be 'C' (Case) or 'P' (Person). The Case Change Type field will allow a new value of '4' (case is closed or person is deleted). See Appendix A.2, "FCR Query/Proactive Match Response Record", for the revised record layout.

## 2.2 Overview of Current Processing

Currently, the FCR-to-FCR proactive match is an automatic process that identifies and assists States in determining which States have an interest in the same person. Proactive matching within the FCR assists States in performing more effective case processing and support enforcement.

Under certain conditions, when a FCR record is added or changed, the proactive matching process automatically compares persons within the FCR.

Refer to Section 6.10.1, "FCR-to-SCR Proactive Transactions", in the Interface Guidance Document for specific details concerning an FCR-to-FCR Proactive Match.

However, proactive matching does not currently occur under the following conditions:

1. A person on the FCR has a Family Violence Indicator (FVI) that is set, because disclosure of any information is prohibited.
2. A case is closed or a person is deleted.

## 2.3 Implementation of Change

The FCR-to-FCR Proactive Matching process will be initiated for each person in a IV-D or Non IV-D case that is closed, or on each person that is deleted from a IV-D case. An FCR-to-FCR Proactive Match (Record ID of 'FT') will be created and sent to the appropriate States under the following conditions:

1. For each person in a IV-D or Non IV-D case that is closed, if the SSN is verified, if no FVI exists on the person, and if the person is registered in a IV-D case in another State.

2. For each person that is deleted from a IV-D or Non IV-D case, if the SSN is verified, if no FVI exists on the person, and if the person is registered in a IV-D case in another State.

not been set, will have:

1. A 'C' for the case delete in position 5, Action Type Code.
2. A 'C' for the proactive match due to the person's case being closed in position 800, Person Delete Indicator.
3. A 'P' for the person delete in position 5, Action Type Code.
2. A 'P' for the proactive match due to the person being deleted from a case in position 800, Person Delete Indicator.
3. A '4' for person deleted in position 867, Case Change Type.

## 2.4 Impact on States

Implementation of this enhancement to create an FCR-to-FCR Proactive Match (Record ID of 'FT') when a case is closed or the person is deleted, will assist States with updating their caseload with current information.

1. A new field, Person Delete Indicator, will be added to the filler portion of the FCR Query/Proactive Match Response record in position 800. The valid values will be 'C' (Case) or 'P' (Person).
2. The Case Change Type field (position 867) will continue to allow the current values of '1', '2' or '3', but will now also allow a new value of '4' (case is closed or person is deleted).

## **APPENDICES**

## **A. Output Record Layouts**

This appendix includes an explanation of the output records that are created by the FCR System and are being modified for the new death information, and proactive matching for case or person deletions. Each record layout in this section includes the following information:

1. Field Names;
2. Field Locations;
3. Field Lengths;
4. Field Types (alphabetic, numeric, or alphanumeric); and
5. Field Comments.

The ‘Comments’ section of the record layouts provides an explanation of the contents of the field, and its relationship to other fields or records.



### **A.1 FCR Person/Locate Request Acknowledgement/Error Record**

This section provides the State with the revised record layout for the FCR Person/Locate Request Acknowledgement/Error Record. Chart A-1, “Revised – FCR Person/Locate Request Acknowledgement/Error Record”, presents the revised record layout.

**CHART A-1: REVISED – FCR PERSON/LOCATE REQUEST ACKNOWLEDGEMENT/ERROR RECORD**

Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	This field will contain the characters 'FS'.
Action Type Code	3	1	A/N	This field will contain the information on the record submitted.
Case ID	4-18	15	A/N	This field will contain the information on the record submitted.
Reserved for FCR Processing	19-20	2	A/N	This field will contain spaces.
User Field	21-35	15	A/N	This field will contain the information on the record submitted.
FIPS County Code	36-38	3	A/N	This field will contain the information on the record submitted.
Filler	39-40	2	A/N	This field is reserved for future use. For the current version, it is spaces.
Locate Request Type	41-42	2	A/N	This field will contain the information on the record submitted.
Bundle FPLS Locate Results	43	1	A/N	This field will contain the information on the record submitted.
Participant Type	44-45	2	A/N	This field will contain the information on the record submitted.
Family Violence	46-47	2	A/N	This field will contain the information on the record submitted.
Member ID	48-62	15	A/N	This field will contain the information on the record submitted.
Sex Code	63	1	A/N	This field will contain the information on the record submitted.
Date of Birth	64-71	8	A/N	If the Date of Birth submitted is different from the Date of Birth on SSA's records, this field will contain SSA's recorded Date of Birth for the person. Otherwise, this field will contain the information on the record submitted. If a Date of Birth was not submitted and one could not be found in SSA's records, this field will contain spaces.
SSN	72-80	9	A/N	This field will contain the information on the record submitted.
Previous SSN	81-89	9	A/N	This field will contain the information on the record submitted.
First Name	90-105	16	A/N	This field will contain the information on the record submitted.
Middle Name	106-121	16	A/N	This field will contain the information on the record submitted.
Last Name	122-151	30	A/N	This field will contain the information on the record submitted.
City of Birth	152-167	16	A/N	This field will contain the information on the record submitted.
State or Country of Birth	168-171	4	A/N	This field will contain the information on the record submitted.
Father's First Name	172-187	16	A/N	This field will contain the information on the record submitted.

<b>CHART A-1: REVISED – FCR PERSON/LOCATE REQUEST ACKNOWLEDGEMENT/ERROR RECORD</b>				
Field Name	Location	Length	A/N	Comments
Father's Middle Initial	188	1	A/N	This field will contain the information on the record submitted.
Father's Last Name	189-204	16	A/N	This field will contain the information on the record submitted.
Mother's First Name	205-220	16	A/N	This field will contain the information on the record submitted.
Mother's Middle Initial	221	1	A/N	This field will contain the information on the record submitted.
Mother's Maiden Name	222-237	16	A/N	This field will contain the information on the record submitted.
IRS-U SSN	238-246	9	A/N	This field will contain the information on the record submitted.
Additional SSN 1	247-255	9	A/N	This field will contain the information on the record submitted.
Additional SSN 2	256-264	9	A/N	This field will contain the information on the record submitted.
Additional First Name 1	265-280	16	A/N	This field will contain the information on the record submitted.
Additional Middle Name 1	281-296	16	A/N	This field will contain the information on the record submitted.
Additional Last Name 1	297-326	30	A/N	This field will contain the information on the record submitted.
Additional First Name 2	327-342	16	A/N	This field will contain the information on the record submitted.
Additional Middle Name 2	343-358	16	A/N	This field will contain the information on the record submitted.
Additional Last Name 2	359-388	30	A/N	This field will contain the information on the record submitted.
Additional First Name 3	389-404	16	A/N	This field will contain the information on the record submitted.
Additional Middle Name 3	405-420	16	A/N	This field will contain the information on the record submitted.
Additional Last Name 3	421-450	30	A/N	This field will contain the information on the record submitted.

<b>CHART A-1: REVISED – FCR PERSON/LOCATE REQUEST ACKNOWLEDGEMENT/ERROR RECORD</b>				
Field Name	Location	Length	A/N	Comments
Additional First Name 4	451-466	16	A/N	This field will contain the information on the record submitted.
Additional Middle Name 4	467-482	16	A/N	This field will contain the information on the record submitted.
Additional Last Name 4	483-512	30	A/N	This field will contain the information on the record submitted.
New Member ID	513-527	15	A/N	This field will contain the information on the record submitted.
IRS 1099	528	1	A/N	This field will contain the information on the record submitted.
Locate Source 1	529-531	3	A/N	This field will contain the information on the record submitted.
Locate Source 2	532-534	3	A/N	This field will contain the information on the record submitted.
Locate Source 3	535-537	3	A/N	This field will contain the information on the record submitted.
Locate Source 4	538-540	3	A/N	This field will contain the information on the record submitted.
Locate Source 5	541-543	3	A/N	This field will contain the information on the record submitted.
Locate Source 6	544-546	3	A/N	This field will contain the information on the record submitted.
Locate Source 7	547-549	3	A/N	This field will contain the information on the record submitted.
Locate Source 8	550-552	3	A/N	This field will contain the information on the record submitted.
Filler	553-640	88	A/N	This field will contain spaces.

<b>CHART A-1: REVISED – FCR PERSON/LOCATE REQUEST ACKNOWLEDGEMENT/ERROR RECORD</b>				
Field Name	Location	Length	A/N	Comments
SSN Validity Code	641	1	A/N	<p>This field will contain one of the following codes to indicate the validity of the SSN submitted:</p> <p>C – The SSN submitted for this person was corrected.</p> <p>E – The SSN and Name combination submitted for this person could not be verified or corrected but the additional person data provided identified an SSN for this person.</p> <p>P – The SSN was not submitted, but the additional person data submitted identified an SSN for this person without manual intervention and is provided; or the SSN provided did not verify but an SSN was identified using SSA’s alpha search.</p> <p>R – The person data submitted identified multiple possible SSNs for the person and the provided SSN was selected via the Requires Manual Review process.</p> <p>S – The IRS-U SSN submitted allowed the SSN to be identified using the IRS information.</p> <p>V – The SSN and Name combination submitted was verified by the SSA SSN verification routines.</p> <p>Space – The SSN provided could not be verified or there was no SSN provided and one could not be identified using the information submitted. See the fields Error Code 1 through Error Code 5 for a more specific explanation of the condition.</p> <p>If the Acknowledgement Code equals ‘AAAAA’ and this field equals a space, the person has been accepted by the FCR as an unverified person and is not available for FCR Query or proactive matching. If a State identifies a new SSN, an IRS-U SSN, Additional Name information, or ESKARI information that can be used to verify the SSN, the State may submit the new information as a Change transaction. The State may also elect to delete the person and add them back to the FCR with the new information.</p> <p>If the Acknowledgement Code equals ‘REJCT’, the person has been rejected by the FCR and this field will be a space. If the State finds a new SSN for the rejected person, the person must be resent as an Add transaction.</p>
Provided/ Corrected SSN	642-650	9	A/N	<p>If present, this field will be the identified or corrected SSN for the person found during the SSN verification routines. This field will contain a valid SSN when the SSN Validity Code equals ‘C’, ‘E’, ‘P’, ‘R’ or ‘S’. Otherwise, it will be spaces. The Provided/Corrected SSN will be used to store the person record on the FCR.</p>



<b>CHART A-1: REVISED – FCR PERSON/LOCATE REQUEST ACKNOWLEDGEMENT/ERROR RECORD</b>				
Field Name	Location	Length	A/N	Comments
Multiple SSN 1	651-659	9	A/N	If the SSA SSN verification routines identified multiple valid SSNs for the person, the first additional SSN will be in this field.
Multiple SSN 2	660-668	9	A/N	If the SSA SSN verification routines identified multiple valid SSNs for the person, the second additional SSN will be in this field.
Multiple SSN 3	669-677	9	A/N	If the SSA SSN verification routines identified multiple valid SSNs for the person, the third additional SSN will be in this field.
SSA Date of Birth Indicator	678	1	A/N	If the Date of Birth returned in this record is different than the one submitted on the input record, this field will contain a ‘Y’. If the Date of Birth on the input record matched the Date of Birth in SSA records, this field will contain an ‘N’.
Batch Number	679-684	6	A/N	This field will contain the submitter-assigned number of the batch that contained the input record.
Date of Death	685-692	8	A/N	If applicable, this field will contain the SSA-recorded Date of Death in CCYYMMDD format, for the person. If not, this field will contain spaces. Note: The FCR returns ‘01’ in the day portion of the Date of Death when the SSA Death Master File contained ‘00’ in the day.
SSA Zip Code of Last Residence	693-697	5	A/N	If applicable, this field will contain the valid Zip Code of the person’s last residence based on SSA’s death records. Invalid or incomplete Zip Codes on the SSA death record will not be returned. If a valid Zip Code is not available, this field will contain spaces.
SSA Zip Code of Lump Sum Payment	698-702	5	A/N	If applicable, this field will contain the valid Zip Code of where the lump sum death benefit payment was sent based on SSA’s death records. Invalid or incomplete Zip Codes on the SSA death record will not be returned. If a valid Zip Code is not available, this field will contain spaces.
FCR Primary SSN	703-711	9	A/N	This field will contain the SSN stored on the FCR as the person’s primary SSN.
FCR Primary First Name	712-727	16	A/N	This field will contain the first name of the person stored on the FCR that verified with the Primary SSN.
FCR Primary Middle Name	728-743	16	A/N	This will be the middle name of the person stored on the FCR that verified with the Primary SSN.
FCR Primary Last Name	744-773	30	A/N	This will be the last name of the person stored on the FCR that verified with the Primary SSN.

<b>CHART A-1: REVISED – FCR PERSON/LOCATE REQUEST ACKNOWLEDGEMENT/ERROR RECORD</b>				
Field Name	Location	Length	A/N	Comments
Acknowledgement Code	774-778	5	A/N	This field will contain a code to indicate if the record was accepted, rejected or is pending. If the record was accepted, the code 'AAAAA' will appear in this field. If the record is pending SSN identification on the person record, the code 'HOLDS' will appear in this field. If the record was rejected, the code 'REJCT' will appear in this field. Refer to Appendix J, "Error Messages," for a complete explanation of these codes.
Error Code 1	779-783	5	A/N	If the record was accepted, but a non-critical error was detected, an alphanumeric warning code beginning with 'TW', 'LW' or 'PW' will appear in this field. If the record was rejected, an alphanumeric error code beginning with 'LE', 'PE' or 'TE' will appear in this field. Refer to Appendix J, "Error Messages," for a complete explanation of these codes.
Error Code 2	784-788	5	A/N	If the record was accepted, but a second non-critical error was detected, an alphanumeric warning code beginning with 'TW', 'LW' or 'PW' will appear in this field. If the record was rejected for multiple errors, an alphanumeric error code beginning with 'LE', 'PE' or 'TE' will appear in this field. Refer to Appendix J, "Error Messages," for a complete explanation of these codes.
Error Code 3	789-793	5	A/N	If the record was accepted, but a third non-critical error was detected, an alphanumeric warning code beginning with 'TW', 'LW' or 'PW' will appear in this field. If the record was rejected for multiple errors, an alphanumeric error code beginning with 'LE', 'PE' or 'TE' will appear in this field. Refer to Appendix J, "Error Messages," for a complete explanation of these codes.
Error Code 4	794-798	5	A/N	If the record was accepted, but a fourth non-critical error was detected, an alphanumeric warning code beginning with 'TW', 'LW' or 'PW' will appear in this field. If the record was rejected for multiple errors, an alphanumeric error code beginning with 'LE', 'PE' or 'TE' will appear in this field. Refer to Appendix J, "Error Messages," for a complete explanation of these codes.

<b>CHART A-1: REVISED – FCR PERSON/LOCATE REQUEST ACKNOWLEDGEMENT/ERROR RECORD</b>				
Field Name	Location	Length	A/N	Comments
Error Code 5	799-803	5	A/N	If the record was accepted, but a fifth non-critical error was detected, an alphanumeric warning code beginning with ‘TW’, ‘LW’ or ‘PW’ will appear in this field. If the record was rejected for multiple errors, an alphanumeric error code beginning with ‘LE’, ‘PE’ or ‘TE’ will appear in this field. Refer to Appendix J, “Error Messages,” for a complete explanation of these codes.
SSA City of Last Residence	804-818	15	A/N	If the SSA Zip Code of Last Residence provided by the Death Master File is validated by FINALIST, this field will contain the City associated with that Zip Code in the FINALIST database. If not, this field will contain spaces.
SSA State of Last Residence	819-820	2	A/N	If the SSA Zip Code of Last Residence provided by the Death Master File is validated by FINALIST, this field will contain the State associated with that Zip Code in the FINALIST database. If not, this field will contain spaces.
SSA City of Lump Sum Payment	821-835	15	A/N	If the SSA Zip Code of Lump Sum Payment provided by the Death Master File is validated by FINALIST, this field will contain the city associated with that Zip Code in the FINALIST database. If a valid Zip Code is not available, this field will contain spaces.
SSA State of Lump Sum Payment	836-837	2	A/N	If the SSA Zip Code of Lump Sum Payment provided by the Death Master File is validated by FINALIST, this field will contain the State associated with that Zip Code in the FINALIST database. If a valid Zip Code is not available, this field will contain spaces.
Filler	838-920	83	A/N	This field will be used for future versions. For the current version, it is all spaces.

## **A.2 FCR Query/Proactive Match Response Record**

This section provides the State with the revised record layout for the FCR Query/Proactive Match Response Record. Chart A-2, “Revised – FCR Query/Proactive Match Response Record”, presents the revised record layout. The material that is highlighted indicates the changes to the existing record layouts.

CHART A-2: REVISED – FCR QUERY/PROACTIVE MATCH RESPONSE RECORD				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	This field will contain the characters 'FT'.
Transmitter State/ Territory Code	3-4	2	A/N	This field will contain the numeric FIPS Abbreviation Code for the submitter if the Action Type Code equals 'F'. This field will contain the numeric FIPS Abbreviation Code for the State or territory receiving the proactive response if the Action Type Code equals 'C', 'D' or 'P'.
Action Type Code	5	1	A/N	This field will contain one of the following codes to indicate the action that initiated the generation of this record: C – Proactive FCR response for a new case or a change to or deletion of an existing case; D – SSA Date of Death File Update F – FCR Query response; or P – Proactive FCR response for a new person or a change to or deletion of an existing person.
User Field	6-20	15	A/N	If the Action Type Code equals 'F', this field will contain the information submitted on the FCR Input Query Record. If the Action Type Code is 'C', 'D' or 'P', this field will contain spaces or the User Field on the case for the person located on the FCR.
FIPS County Code	21-23	3	A/N	If the Action Type Code equals 'F', this field will contain the information submitted on the FCR Input Query Record. If the Action Type Code is 'C', 'D' or 'P', this field will contain spaces or the FIPS County Code on the case for the person located on the FCR.
Filler	24-25	2	A/N	This field is reserved for future use. For the current version, it is spaces.
Batch Number	26-31	6	A/N	If the Action Type Code equals 'F', this field will contain the number of the batch that the query was submitted in originally. If the Action Type Code is 'C', 'D' or 'P', this field will contain spaces.
First Name	32-47	16	A/N	If the Action Type Code is 'F', this field will contain the First Name stored for the person located on the FCR. If the Action Type Code is 'C', 'D' or 'P', this field will contain the First Name used in the proactive matching process.

<b>CHART A-2: REVISED – FCR QUERY/PROACTIVE MATCH RESPONSE RECORD</b>				
Field Name	Location	Length	A/N	Comments
Middle Name	48-63	16	A/N	If the Action Type Code is 'F', this field will contain the Middle Name stored for the person located on the FCR. If the Action Type Code is 'C', 'D' or 'P', this field will contain the Middle Name used in the proactive matching process.
Last Name	64-93	30	A/N	If the Action Type Code is 'F', this field will contain the Last Name stored for the person located on the FCR. If the Action Type Code is 'C', 'D' or 'P', this field will contain the Last Name used in the proactive matching process.
Submitted/ Matched SSN	94-102	9	AN	If the Action Type Code is 'F', this field will contain either the SSN submitted in the FCR Input Query Record or the SSN retrieved, if no SSN was submitted. If the Action Type Code is 'C', 'D' or 'P', this field will contain the SSN used in the proactive matching process.
State Member ID	103-117	15	A/N	If the Action Type Code is 'F', this field will contain the Member ID submitted by the State or territory in the FCR Input Query Record or the Member ID retrieved, if no Member ID was submitted. If the Action Type Code is 'C', 'D' or 'P', this field will contain the receiving State's Member ID for the proactive matched person.
Submitted Case ID	118-132	15	A/N	If the Action Type Code is 'F', this field will contain the State's or territory's Case ID submitted in the FCR Input Query Record. If the Action Type Code is 'C', 'D' or 'P', this field will contain the receiving State's Case ID.
Response Code	133-134	2	A/N	This field will contain one of the following codes: MA – Match was made to one or more cases on the FCR for the person and one to three persons were associated with the matched case. MM– Match was made to one or more cases on the FCR for the person and more than three persons were associated to the matched case. If the Action Type Code is 'D', this field will contain spaces.

CHART A-2: REVISED – FCR QUERY/PROACTIVE MATCH RESPONSE RECORD				
Field Name	Location	Length	A/N	Comments
Matched Case ID	135-149	15	A/N	This field will contain the State's or territory's Case ID for the person matched on the FCR. Note: If the person was found in multiple cases, one or more response records with person and case data will be returned for each case associated with the person in accordance with the law. <b>If the Action Type Code is 'D', this field will contain spaces.</b>
Matched Case State/Territory Code	150-151	2	A/N	This field will contain the two-position numeric FIPS State or Territory Code associated with the Matched Case ID. <b>If the Action Type Code is 'D', this field will contain spaces.</b>
Matched Case Type	152	1	A/N	This field will contain the Case Type of the matched case on the FCR. The valid values are: F – IV-D Case N – Non IV-D Order. <b>If the Action Type Code is 'D', this field will contain spaces.</b>
Matched FCR FIPS County Code	153-155	3	A/N	This field will contain the last three numeric positions of the FIPS County Code associated with the matched case on the FCR. If the FIPS County Code is not present on the FCR, this field will contain spaces. <b>If the Action Type Code is 'D', this field will contain spaces.</b>
Filler	156-157	2	A/N	Reserved for future use. For the current version, this field will contain spaces.
Matched FCR Case Registration Date	158-165	8	A/N	This field will contain the date the matched case was added on the FCR in the Year 2000-compliant format of CCYYMMDD. <b>If the Action Type Code is 'D', this field will contain spaces.</b>
Matched Case Order Indicator	166	1	A/N	This field will contain the value of the Order Indicator stored on the FCR for the matched case. <b>If the Action Type Code is 'D', this field will contain spaces.</b>
Matched Participant Type	167-168	2	A/N	This field will contain the Participant Type of the person matched on the FCR. The valid values are: CH – Child CP – Custodial Party NP – Non-custodial Parent PF – Putative Father. <b>If the Action Type Code is 'D', this field will contain spaces.</b>

CHART A-2: REVISED – FCR QUERY/PROACTIVE MATCH RESPONSE RECORD				
Field Name	Location	Length	A/N	Comments
Matched Member ID	169-183	15	A/N	This field will contain the Member ID of the person matched on the FCR. If the Action Type Code is 'D', this field will contain spaces.
Matched Person Date of Death	184-191	8	A/N	If the Action Type Code equals 'D': and the SSA Date of Death Indicator equals 'A' or 'C', this field will contain the SSA recorded date of death in CCYYMMDD format for the matched person; or if the SSA Date of Death Indicator equals 'D', this field will contain '99999999' to indicate that SSA is removing an erroneous Date of Death. If the Action Type Code is not equal to 'D', this field will contain spaces. Note: The FCR returns '01' in the day portion of the Date of Death when the SSA Death Master File contained '00' in the day.
Matched Person Additional First Name 1	192-207	16	A/N	This field will contain the first Additional First Name stored on the FCR for the matched person. If additional name information does not exist on the FCR for the person, this field will contain spaces. If the Action Type Code is 'D', this field will contain spaces.
Matched Person Additional Middle Name 1	208-223	16	A/N	This field will contain the first Additional Middle Name stored on the FCR for the matched person. If additional name information does not exist on the FCR for the person, this field will contain spaces. If the Action Type Code is 'D', this field will contain spaces.
Matched Person Additional Last Name 1	224-253	30	A/N	This field will contain the first Additional Last Name stored on the FCR for the matched person. If additional name information does not exist on the FCR for the person, this field will contain spaces. If the Action Type Code is 'D', this field will contain spaces.
Matched Person Additional First Name 2	254-269	16	A/N	This field will contain the second Additional First Name stored on the FCR for the matched person. If additional name information does not exist on the FCR for the person, this field will contain spaces. If the Action Type Code is 'D', this field will contain spaces.
Matched Person Additional Middle Name 2	270-285	16	A/N	This field will contain the second Additional Middle Name stored on the FCR for the matched person. If additional name information does not exist on the FCR for the person, this field will contain spaces. If the Action Type Code is 'D', this field will contain spaces.



CHART A-2: REVISED – FCR QUERY/PROACTIVE MATCH RESPONSE RECORD				
Field Name	Location	Length	A/N	Comments
Matched Person Additional Last Name 2	286-315	30	A/N	This field will contain the second Additional Last Name stored on the FCR for the matched person. If additional name information does not exist on the FCR for the person, this field will contain spaces. <b>If the Action Type Code is 'D', this field will contain spaces.</b>
Matched Person Additional First Name 3	316-331	16	A/N	This field will contain the third Additional First Name stored on the FCR for the matched person. If additional name information does not exist on the FCR for the person, this field will contain spaces. <b>If the Action Type Code is 'D', this field will contain spaces.</b>
Matched Person Additional Middle Name 3	332-347	16	A/N	This field will contain the third Additional Middle Name stored on the FCR for the matched person. If additional name information does not exist on the FCR for the person, this field will contain spaces. <b>If the Action Type Code is 'D', this field will contain spaces.</b>
Matched Person Additional Last Name 3	348-377	30	A/N	This field will contain the third Additional Last Name stored on the FCR for the matched person. If additional name information does not exist on the FCR for the person, this field will contain spaces. <b>If the Action Type Code is 'D', this field will contain spaces.</b>
Matched Person Additional First Name 4	378-393	16	A/N	This field will contain the fourth Additional First Name stored on the FCR for the matched person. If additional name information does not exist on the FCR for the person, this field will contain spaces. <b>If the Action Type Code is 'D', this field will contain spaces.</b>
Matched Person Additional Middle Name 4	394-409	16	A/N	This field will contain the fourth Additional Middle Name stored on the FCR for the matched person. If additional name information does not exist on the FCR for the person, this field will contain spaces. <b>If the Action Type Code is 'D', this field will contain spaces.</b>
Matched Person Additional Last Name 4	410-439	30	A/N	This field will contain the fourth Additional Last Name stored on the FCR for the matched person. If additional name information does not exist on the FCR for the person, this field will contain spaces. <b>If the Action Type Code is 'D', this field will contain spaces.</b>
Associated Person 1 SSN	440-448	9	A/N	If there is an associated person in the matched case, this field will contain the verified SSN of the associated person. <b>If the Action Type Code is 'D', this field will contain spaces.</b>

CHART A-2: REVISED – FCR QUERY/PROACTIVE MATCH RESPONSE RECORD				
Field Name	Location	Length	A/N	Comments
Associated Person 1 First Name	449-464	16	A/N	If there is an associated person in the matched case, this field will contain the first name of the associated person. If the Action Type Code is 'D', this field will contain spaces.
Associated Person 1 Middle Name	465-480	16	A/N	If there is an associated person in the matched case, this field will contain the middle name of the associated person. If the Action Type Code is 'D', this field will contain spaces.
Associated Person 1 Last Name	481-510	30	A/N	If there is an associated person in the matched case, this field will contain the last name of the associated person. If the Action Type Code is 'D', this field will contain spaces.
Associated Person 1 Sex Code	511	1	A/N	If there is an associated person in the matched case, this field will contain the Sex Code of the associated person. If the Action Type Code is 'D', this field will contain spaces.
Associated Person 1 Participant Type	512-513	2	A/N	If there is an associated person in the matched case, this field will contain the Participant Type for the associated person. The valid values are: CH – Child CP – Custodial Party NP – Non-custodial Parent PF – Putative Father. If the Action Type Code is 'D', this field will contain spaces.
Associated Person 1 Other State/Territory Member ID	514-528	15	A/N	If there is an associated person in the matched case, this field will contain the Member ID assigned by the State or territory that added the associated person on the case. If the Action Type Code is 'D', this field will contain spaces.
Associated Person 1 Date of Birth	529-536	8	A/N	If present, this field will contain the date of birth in the Year 2000-compliant format of CCYYMMDD for the associated person in the matched case. If the Action Type Code is 'D', this field will contain spaces.
Associated Person 1 Date of Death	537-544	8	A/N	If applicable, this will contain the SSA recorded date of death for the associated person in CCYYMMDD format. If not, this field will contain spaces. If the Action Type Code is 'D', this field will contain spaces.
Associated Person 2 SSN	545-553	9	A/N	If there is an associated person in the matched case, this field will contain the verified SSN of the associated person. If the Action Type Code is 'D', this field will contain spaces.
Associated Person 2 First Name	554-569	16	A/N	If there is an associated person in the matched case, this field will contain the first name of the associated person. If the Action Type Code is 'D', this field will contain spaces.
Associated Person 2 Middle Name	570-585	16	A/N	If there is an associated person in the matched case, this field will contain the middle name of the associated person. If the Action Type Code is 'D', this field will contain spaces.

CHART A-2: REVISED – FCR QUERY/PROACTIVE MATCH RESPONSE RECORD				
Field Name	Location	Length	A/N	Comments
Associated Person 2 Last Name	586-615	30	A/N	If there is an associated person in the matched case, this field will contain the last name of the associated person. If the Action Type Code is 'D', this field will contain spaces.
Associated Person 2 Sex Code	616	1	A/N	If there is an associated person in the matched case, this field will contain the Sex Code of the associated person. If the Action Type Code is 'D', this field will contain spaces.
Associated Person 2 Participant Type	617-618	2	A/N	If there is an associated person in the matched case, this field will contain the valid Participant Type Code of the associated person. If the Action Type Code is 'D', this field will contain spaces.
Associated Person 2 Other State/Territory Member ID	619-633	15	A/N	If there is an associated person in the matched case, this field will contain the Member ID assigned by the State or territory that added the associated person on the case. If the Action Type Code is 'D', this field will contain spaces.
Associated Person 2 Date of Birth	634-641	8	A/N	If present, this field will contain the date of birth in the Year 2000-compliant format of CCYYMMDD for the associated person in the matched case. If the Action Type Code is 'D', this field will contain spaces.
Associated Person 2 Date of Death	642-649	8	A/N	If applicable, this field will contain the SSA recorded date of death for the associated person in CCYYMMDD format. If not, this field will contain spaces. If the Action Type Code is 'D', this field will contain spaces.
Associated Person 3 SSN	650-658	9	A/N	If there is an associated person in the matched case, this field will contain the verified SSN of the associated person. If the Action Type Code is 'D', this field will contain spaces.
Associated Person 3 First Name	659-674	16	A/N	If there is an associated person in the matched case, this field will contain the first name of the associated person. If the Action Type Code is 'D', this field will contain spaces.
Associated Person 3 Middle Name	675-690	16	A/N	If there is an associated person in the matched case, this field will contain the middle name of the associated person. If the Action Type Code is 'D', this field will contain spaces.
Associated Person 3 Last Name	691-720	30	A/N	If there is an associated person in the matched case, this field will contain the last name of the associated person. If the Action Type Code is 'D', this field will contain spaces.
Associated Person 3 Sex Code	721	1	A/N	If there is an associated person in the matched case, this field will contain the Sex Code of the associated person. If the Action Type Code is 'D', this field will contain spaces.
Associated Person 3 Participant Type	722-723	2	A/N	If there is an associated person in the matched case, this field will contain the valid Participant Type Code of the associated person. If the Action Type Code is 'D', this field will contain spaces.

CHART A-2: REVISED – FCR QUERY/PROACTIVE MATCH RESPONSE RECORD				
Field Name	Location	Length	A/N	Comments
Associated Person 3 Other State/Territory Member ID	724-738	15	A/N	If there is an associated person in the matched case, this field will contain the Member ID assigned by the State or territory that added the associated person on the case. If the Action Type Code is 'D', this field will contain spaces.
Associated Person 3 Date of Birth	739-746	8	A/N	If present, this field will contain the date of birth in the Year 2000-compliant format of CCYYMMDD for the associated person in the matched case. If the Action Type Code is 'D', this field will contain spaces.
Associated Person 3 Date of Death	747-754	8	A/N	If applicable, this will contain the SSA recorded date of death for the associated person in CCYYMMDD format. If not, this field will contain spaces. If the Action Type Code is 'D', this field will contain spaces.
SSA Date of Death Indicator	755	1	A	If the Action Type Code equals 'D', this field will contain one of the following values: A – Date of Death received from SSA's records. C – Previously reported Date of Death from SSA's records is being changed. D – Previously reported Date of Death from SSA's records is being deleted. If the Action Type Code is not a 'D' this field will contain a space.
SSA City of Last Residence	756-770	15	A/N	If the Action Type Code is 'D', this field may contain the city of the person's last residence if the SSA Date of Death Indicator is 'A' or 'C'. If the SSA Zip Code of Last Residence provided by the Death Master File is validated by FINALIST, this field will contain the city associated with that Zip Code in the FINALIST data base. If not, this field will contain spaces.
SSA State of Last Residence	771-772	2	A/N	If the Action Type Code is 'D', this field may contain the State of the person's last residence if the SSA Date of Death Indicator is 'A' or 'C'. If the SSA Zip Code of Last Residence provided by the Death Master File is validated by FINALIST, this field will contain the State associated with that Zip Code in the FINALIST data base. If not, this field will contain spaces.
SSA Zip Code of Last Residence Code	773-777	5		If the Action Type Code is 'D', this field may contain the Zip Code of the person's last residence based on SSA's death records if the SSA Date of Death Indicator is 'A' or 'C'. Invalid or incomplete Zip Codes on the SSA death record will not be returned. If a valid Zip Code is not available, this field will contain spaces.

CHART A-2: REVISED – FCR QUERY/PROACTIVE MATCH RESPONSE RECORD				
Field Name	Location	Length	A/N	Comments
SSA City of Lump Sum Payment	778-792	15	A/N	If the Action Type Code is 'D', this field may contain the city to which the lump sum death benefit payment was sent if the Date of Death Indicator is 'A' or 'C'. If the SSA Zip Code of Lump Sum Payment provided by the Death Master File is validated by FINALIST, this field will contain the city associated with that Zip Code in the FINALIST data base. If a valid Zip Code is not available, this field will contain spaces.
SSA State of Lump Sum Payment	793-794	2	A/N	If the Action Type Code is 'D', this field may contain the State to which the lump sum death benefit payment was sent if the Date of Death Indicator is 'A' or 'C'. If the SSA Zip Code of Lump Sum Payment provided by the Death Master File is validated by FINALIST, this field will contain the State associated with that Zip Code in the FINALIST data base. If a valid Zip Code is not available, this field will contain spaces.
SSA Zip Code of Lump Sum Payment	795-799	5	A/N	If the Action Type Code is 'D', this field may contain the Zip Code of where the lump sum death benefit payment was sent based on SSA's death records if the Date of Death Indicator is 'A' or 'C'. Invalid or incomplete Zip Codes on the SSA death record will not be returned. If a valid Zip Code is not available, this field will contain spaces.
Person Delete Indicator	800	1	A	If the Action Type Code is 'P' or 'C', this field will contain one of the following values: C – Proactive match initiated when case for the person was deleted by the matched State P – Proactive match initiated when the person was deleted from the case by the matched State Space – The proactive match was not the result of case or person delete transaction If the Action Type Code is 'D', this field will contain spaces.
Filler	801-851	51	A/N	This field is reserved for future use. For this release, this field will contain spaces.
Previous Case ID	852-866	15	A/N	This field will contain the previous Case ID if the pro-active match record was generated for a Case ID change. If the Action Type Code is 'D', this field will contain spaces.
Case Change Type	867	1	A/N	If present, this field will contain one of the following codes to indicate the type of change to the case that initiated the generation of this record: 1 – Case Type change (Non IV-D to IV-D); 2 – Case ID change; or 3 – Order Indicator change (N to Y). 4 – Case is closed or person is deleted. If the Action Type Code is 'D', this field will contain spaces.

<b>CHART A-2: REVISED – FCR QUERY/PROACTIVE MATCH RESPONSE RECORD</b>				
Field Name	Location	Length	A/N	Comments
Associated Person 1 State Member ID	868-882	15	A/N	If present, this field will contain the receiving State's Member ID assigned to an associated person who matched an associated person in the matched case. This field will contain spaces for a response to an FCR Query or, for a proactive match response, if the associated person is not in the receiving State's case. <b>If the Action Type Code is 'D', this field will contain spaces.</b>
Associated Person 2 State Member ID	883-897	15	A/N	If present, this field will contain the receiving State's Member ID assigned to an associated person who matched an associated person in the matched case. This field will contain spaces for a response to an FCR Query or, for a proactive match response, if the associated person is not in the receiving State's case. <b>If the Action Type Code is 'D', this field will contain spaces.</b>
Associated Person 3 State Member ID	898-912	15	A/N	If present, this field will contain the receiving State's Member ID assigned to an associated person who matched an associated person in the matched case. This field will contain spaces for a response to an FCR Query or, for a proactive match response, if the associated person is not in the receiving State's case. <b>If the Action Type Code is 'D', this field will contain spaces.</b>
Reserved for FCR Processing	913-914	2	A/N	This field will contain spaces.
Reserved for FCR Processing	915-916	2	A/N	This field will contain spaces.
Reserved for FCR Processing	917-918	2	A/N	This field will contain spaces.
Sort State Code	919-920	2	A/N	This field will contain the two position State code used to sort the output response file.

### **A.3 FCR Person Reconciliation Record**

This section provides the State with the revised record layout for the FCR Person Reconciliation Record. Chart A-3, “Revised – FCR Person Reconciliation Record”, presents the revised record layout. The material that is highlighted indicates the changes to the existing record layouts.

**CHART A-3: REVISED – FCR PERSON RECONCILIATION RECORD**

Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	This field will contain the characters 'RS'.
Case ID	3-17	15	A/N	This field will contain the State-assigned Case ID.
Member ID	18-32	15	A/N	This field will contain the State-assigned Member ID.
Filler	33-35	3	A/N	This field will contain spaces.
Participant Type	36-37	2	A/N	This field will contain one of the following values: CH – Child CP – Custodial Party NP – Non-custodial Parent PF – Putative Father
Family Violence	38-39	2	A/N	If the State has submitted a Family Violence Indicator for this person, the field will contain an 'FV'. If not, this field will contain spaces.
Sex Code	40	1	A/N	This field will contain one of the following values: F – Female M – Male Space – Unknown
Date of Birth	41-48	8	A/N	If the Date of Birth submitted was different from the Date of Birth on SSA's records, this field will contain SSA's recorded Date of Birth for the person. Otherwise, this field will contain the Date of Birth submitted by the State. If a Date of Birth was not submitted and one could not be found in SSA's records, this field will contain spaces.
State Submitted SSN	49-57	9	A/N	This field will contain the SSN submitted by the State. If the State did not submit an SSN for the person when adding the person to the FCR, this field will contain spaces.
Provided/ Corrected SSN	58-66	9	A/N	If present, this field will be the identified or corrected SSN for the person found during the SSN verification routines. This field will contain a valid SSN when the SSN Validity Code equals 'C', 'E', 'P', 'R' or 'S'. Otherwise, it will contain spaces. The Provided/Corrected SSN will be used to store the person record on the FCR.
FCR Primary SSN	67-75	9	A/N	This field will contain the SSN stored on the FCR as the person's primary SSN. This field may not agree with the State Submitted SSN field if the SSN verification process identified or corrected the SSN. The Primary SSN is the one used in proactive matching.



<b>CHART A-3: REVISED – FCR PERSON RECONCILIATION RECORD</b>				
Field Name	Location	Length	A/N	Comments
FCR Primary First Name	76-91	16	A/N	This field will contain the first name of the person associated with the Primary SSN.
FCR Primary Middle Name	92-107	16	A/N	If present, this field will contain the middle name of the person associated with the Primary SSN.
FCR Primary Last Name	108-137	30	A/N	This field will contain the last name of the person associated with the Primary SSN.
Additional SSN 1	138-146	9	A/N	If present, this field will contain an additional SSN for the person as identified by the State. If not, this field will contain spaces.
Additional SSN 2	147-155	9	A/N	If present, this field will contain an additional SSN for the person as identified by the State. If not, this field will contain spaces.
Additional First Name 1	156-171	16	A/N	If present, this field will contain an additional first name for the person who was identified by the State. If an additional name was not submitted when the person was added or last updated, this field will contain spaces.
Additional Middle Name 1	172-187	16	A/N	If present, this field will contain an additional middle name for the person who was identified by the State. If an additional name was not submitted when the person was added or last updated, this field will contain spaces.
Additional Last Name 1	188-217	30	A/N	If present, this field will contain an additional last name for the person who was identified by the State. If an additional name was not submitted when the person was added or last updated, this field will contain spaces.
Additional First Name 2	218-233	16	A/N	If present, this field will contain an additional first name for the person who was identified by the State. If an additional name was not submitted when the person was added or last updated, this field will contain spaces.
Additional Middle Name 2	234-249	16	A/N	If present, this field will contain an additional middle name for the person who was identified by the State. If an additional name was not submitted when the person was added or last updated, this field will contain spaces.
Additional Last Name 2	250-279	30	A/N	If present, this field will contain an additional last name for the person who was identified by the State. If an additional name was not submitted when the person was added or last updated, this field will contain spaces.

<b>CHART A-3: REVISED – FCR PERSON RECONCILIATION RECORD</b>				
Field Name	Location	Length	A/N	Comments
Additional First Name 3	280-295	16	A/N	If present, this field will contain an additional first name for the person who was identified by the State. If an additional name was not submitted when the person was added or last updated, this field will contain spaces.
Additional Middle Name 3	296-311	16	A/N	If present, this field will contain an additional middle name for the person who was identified by the State. If an additional name was not submitted when the person was added or last updated, this field will contain spaces.
Additional Last Name 3	312-341	30	A/N	If present, this field will contain an additional last name for the person who was identified by the State. If an additional name was not submitted when the person was added or last updated, this field will contain spaces.
Additional First Name 4	342-357	16	A/N	If present, this field will contain an additional first name for the person who was identified by the State. If an additional name was not submitted when the person was added or last updated, this field will contain spaces.
Additional Middle Name 4	358-373	16	A/N	If present, this field will contain an additional middle name for the person who was identified by the State. If an additional name was not submitted when the person was added or last updated, this field will contain spaces.
Additional Last Name 4	374-403	30	A/N	If present, this field will contain an additional last name for the person who was identified by the State. If an additional name was not submitted when the person was added or last updated, this field will contain spaces.

<b>CHART A-3: REVISED – FCR PERSON RECONCILIATION RECORD</b>				
Field Name	Location	Length	A/N	Comments
SSN Validity Code	404	1	A/N	<p>This field will contain one of the following codes to indicate the validity of the State-submitted SSN:</p> <p>C – The SSN submitted for this person was corrected and provided in the FCR Primary SSN field.</p> <p>E – The SSN and Name combination submitted for this person could not be verified or corrected but the additional person data provided identified an FCR Primary SSN for this person.</p> <p>P – The SSN was not submitted, but the additional person data submitted identified an FCR Primary SSN for this person without manual intervention; or the SSN provided did not verify but an FCR Primary SSN was identified using SSA’s alpha search.</p> <p>R – The person data submitted identified multiple possible SSNs for the person and the FCR Primary SSN was selected via the Requires Manual Review process.</p> <p>S – The IRS-U SSN submitted allowed the FCR Primary SSN to be identified using the IRS information.</p> <p>V – The SSN and Name combination submitted was verified by the SSA SSN verification routines. In this case, the State-submitted SSN will equal the FCR Primary SSN.</p> <p>Space – The SSN provided could not be verified.</p>
Multiple SSN 1	405-413	9	A/N	If the SSA SSN verification routines identified multiple valid SSNs for the person, the first multiple SSN will be in this field.
Multiple SSN 2	414-422	9	A/N	If the SSA SSN verification routines identified multiple valid SSNs for the person, the second multiple SSN will be in this field.
Multiple SSN 3	423-431	9	A/N	If the SSA SSN verification routines identified multiple valid SSNs for the person, the third multiple SSN will be in this field.

<b>CHART A-3: REVISED – FCR PERSON RECONCILIATION RECORD</b>				
Field Name	Location	Length	A/N	Comments
Warning Code 1	432-436	5	A/N	This field will contain one of the following values: LE001 – Disclosure Prohibited – If the Family Violence Indicator is a space, this code indicates Family Violence has been placed on the person. TW102 – SSN/Name combination unverified – The SSN Validity Code will contain a space. Spaces – No warning applicable
Warning Code 2	437-441	5	A/N	This field will contain one of the following values: LE001 – Disclosure Prohibited – If the Family Violence Indicator is a space, this code indicates Family Violence has been placed on the person. TW102 – SSN/Name combination unverified – The SSN Validity Code will contain a space. Spaces – No warning applicable
Registered Date	442-449	8	N	This field will contain the date when the person was added to the data base. The date will be in CCYYMMDD format.
Update Date	450-457	8	A/N	If the person record has been updated, this field will contain the date when the person update processed. The date will be in CCYYMMDD format.
Date Of Death	458-465	8	A/N	If applicable, this field will contain the SSA-recorded Date of Death in CCYYMMDD format for the person. If not, this field will contain spaces.
SSA Zip Code Of Last Residence	466-470	5	A/N	If applicable, this field will contain the valid Zip Code of the person's last residence based on SSA's death records. If a Zip Code is not available, this field will contain spaces.
SSA Zip Code Of Lump Sum Payment	471-475	5	A/N	If applicable, this field will contain the valid Zip Code of where the lump sum death benefit payment was sent based on SSA's death records. If a Zip Code is not available, this field will contain spaces.
Filler	476-500	25	A/N	This field will contain all spaces.